

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 JAN 28 PM 2:03

DOCUMENT # L00000000664

1. Limited Liability Company's Name

JOHNSON II, L.L.C.

9/28/01

2. Principal Office Address

1550 Diplomat Parkway

Suite, Apt. #, etc.

3. Mailing Office Address

1550 Diplomat Parkway

Suite, Apt. #, etc.

City & State

Hollywood, FL

City & State

Hollywood, FL

Zip

33019

Country

Zip

33019

Country

4. State/Country of Formation

FL

**5. Date Organized or Qualified
To Do Business in Florida** 1/12/00

6. FEI Number 65-0974467;

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Daniel K. Caple

Street Address (P.O. Box Number is Not Acceptable)

1550 Diplomat Parkway

Suite, Apt. #, Etc.

City

Hollywood

State

FL

Zip Code

33019

600004853616-7
-02/01/02--01060--010
****205.00 ****205.00

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

**Signature of
Registered Agent**

Date 1/17/02

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Daniel K. Caple	1550 Diplomat Parkway	Hollywood, FL 33019
MGR	Robert C. Griswold	1550 Diplomat Parkway	Hollywood, FL 33019

Rein 100.00
01 UBR 50.00
02 UBR 50.00
CUS 5.00
205.00
42

REINSTATEMENT 2001-2002

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

**Signature of
Managing Member/Manager**

Date 1/17/02

Daytime Phone # 954-923-2101

Typed or printed name of signing Managing Member/Manager

Daniel K. Caple

CR2E041 (9/01)